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| **Appraisal Exemption Application Form** | |
| Section A - For completion by doctor | |
| Doctors Name: |  |
| GMC Number: |  |
| CCG: |  |
| Mobile Number: |  |
| Practice Telephone: |  |
| Home Telephone: |  |
| E-mail: |  |
| Appraisal due date: |  |
| Date of last appraisal: |  |
| Name of last appraiser: |  |
| Revalidation due date: |  |
| Reason for request for postponement of appraisal:  To include date last worked and estimated return to work date.  If applying due to sickness a copy of your latest certificate should also be sent. |  |
| Proposed date for next appraisal |  |
| Date of request |  |
|  |  |
| Section B - For completion by North East London Local Area Team | |
| Date request received: |  |
| Name of person considering request: |  |
| Position: |  |
| Postponement agreed? |  |
| Comment: |  |
| New appraisal due date (if applicable): |  |
| Date of decision: |  |